

South Dakota Board of Nursing RECEIVED

4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-31160R 2 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing 2 2012

SD ROARD OF KURSING

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Primary Instructor:	rce se			
Phone Number: 605-773-270 E-mail Address of Faculty: Kayla + +1.			us (plus	3-5683 above instructor)
		state · sd·u		
Request to use the following approved of selected curriculum. Each program is				
□ 2011 SD Community Mental Health Fa	•		_	-
☐ Mosby's Texbook for Medication Assist	tants, Sorrent	ino & Remmert (20	009)	
Nebraska Health Care Association (20:	10) (NHCA)			
☐ We Care Online				
clinical RN experience.	1	RN LICENSE Number Expiration Date Verification (Completed by SDBON)		
RN FACULTY/INSTRUCTOR NAME(S)	State	Number		1
RN FACULTY/INSTRUCTOR NAME(S) Melissa Johnson	State 5D	Number R0285 02		1
			Expiration Date	(Completed by SDBON)
melissa Johnson	50		7 - 26 - 13	(Completed by SDBON) 07-26-13 45
melissa Johnson Lana Bowen	5D 5D		7-26-13 11-30-12	(Completed by SDBON) 07-26-13 45 11-30-12 45
Melissa Johnson Mana Bowen Mana Archambeau	50 50 50	R028502 N033359 R038571	7-26-13 11-30-12 3-1-13	(Completed by SDBON) 07-26-13-45 11-30-(2-45) 63-01-13-45
Melissa Johnson Melissa Johnson Mishy Tolsma RN Faculty Signature: Kayla This section to be completed by the South	50 50 50 50 02	R028502 R033359 R038571 R038298	Expiration Date 7-26-13 11-30-12 3-1-13 12-2-12 Date:	(Completed by SDBON) 07-26-13-45 11-30-(2-45) 63-01-13-45 12-02-(2-45)
Melissa Johnson Melissa Johnson Mishambeau Mishy Tolsma RN Faculty Signature: Kayla	50 50 50 50 02	R028502 R033359 R038571 R038298	Expiration Date 7-26-13 11-30-12 3-1-13 12-2-12 Date:	(Completed by SDBON) 07-26-13-45 11-30-(2-45) 63-01-13-45 12-02-(2-45)
Melissa Johnson Melissa Johnson Mishy Tolsma RN Faculty Signature: This section to be completed by the South Date Application Received: \$4/26/12 Date Application Approved: 5/3/12	50 50 50 50 02	R028502 R033359 R038571 R038298	Expiration Date 7-26-13 11-30-12 3-1-13 12-2-12 Date: to Institution:	(Completed by SDBON) 07-26-13-45 11-30-(2-45) 63-01-13-45 12-02-(2-45)
Melissa Johnson Mana Bowen Lana Bowen Misty Tolsma RN Faculty Signature: Kayla This section to be completed by the South Date Application Received: \$4/26/12	SD SD SD SD	R0285 02 R033359 R0385 71 R038298 ard of Nursing Date Notice Sent	Expiration Date 7-26-13 11-30-12 3-1-13 12-2-12 Date: to Institution:	(Completed by SDBON) 07-26-13-45 11-30-(2-45) 63-01-13-45 12-02-(2-45)

JUSD Correctional facilities:

* Star Academy * Yankton Trustee Unit * Rapid City Trustee Unit

	RN LICENSE			
1				Verification
RN FACULTY/INSTRUCTOR NAMES(S)	State	Number	Expiration	(Completed by SDBON)
ou Sara Kindopp	SD	RU33867	1-17-14	01-17-2014 -5
of Laura McMillan	50	R033187	4-12-13	64-12-2013-65
or Tanua Reiser	30	R632460	12-30-13	12.30-13 -15
J				